

Case Number:	CM13-0067137		
Date Assigned:	06/09/2014	Date of Injury:	03/24/1999
Decision Date:	07/15/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is 56-year-old female who has submitted a claim for lumbar degenerative disc disease, depression, and chronic obstructive pulmonary disease (COPD) associated with an industrial injury date of 03/24/1999. Medical records from 2006 to 2013 were reviewed. Patient complained of severe back pain, associated with muscle spasm and cramps, graded 8/10 in severity. She reported 50% functional improvement with intake of medications. Multiple stool softeners were prescribed to counteract side effect of constipation. Vital signs showed blood pressure of 122/78 mmHg, pulse of 82 beats per minute, and 99% of oxygen saturation with 2 liters of oxygen via nasal cannula. Bowel sounds were heard throughout the abdomen. Physical examination of the lumbar spine revealed muscle spasm and limited range of motion due to pain. Motor strength was graded 4/5 at the right hip flexors and knee extensors. Reflexes were +1 at both ankles and knees. Sensation was diminished over the right lateral calf and plantar area. Gait was antalgic. Treatment to date has included opioids (since 2006), Cymbalta, Prevacid, Celebrex, Miralax (since February 2013), Senokot, Colace, and Amitiza. Utilization review from 12/11/2013 denied the request for Miralax powder #1 bottle between 11/29/2013 and 2/8/2014 because patient was on both Senokot and Colace; guidelines do not recommend three medications as prophylactic use for constipation. The request for Norco 10/325mg, #120 was modified into #72 for weaning purposes since there were no documented pain relief and functional improvement from its use.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NORCO 10/325 MG, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on chronic opioid use since 2006. She reported 50% functional improvement with intake of medications. Constipation was a noted side effect; however, stool softeners were prescribed. Urine drug screens were reported to show consistent results. Guideline criteria were met. Therefore, the request for Norco 10/325 mg, #120 is medically necessary.

MIRALAX POWDER, #1 BOTTLE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drug, Gastrointestinal symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy in Opioids Page(s): 77. Decision based on Non-MTUS Citation US Food and Drug Administration (MiraLAX), Management of Common Opioid-Induced Adverse Effects, American Family Physician 2006 Oct 15;74(8):1347-1354 (<http://www.aafp.org/afp/2006/1015/p1347.html#>).

Decision rationale: As stated on page 77 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. A journal from American Family Physician 2006 cited that monotherapy with stool softeners is considered ineffective, and use of a scheduled stimulant laxative often is required. One common approach is the scheduled use of senna with or without a stool softener. If patients do not have an adequate response, a trial of an osmotic agent (e.g., sorbitol) may be used. According to FDA, MiraLAX, a polyethylene glycol, is used to relieve occasional constipation. In this case, patient has been on MiraLAX since February 2013 due to concomitant chronic opioid use. Senokot and Colace were likewise prescribed. Multiple stool softeners were given to counteract side effect of constipation as cited in progress reports. Guideline criteria were met. Therefore, the request for Miralax powder #1 bottle is medically necessary.